

## **THE MRI REFLECTING TEAM: AN INTEGRATED APPROACH**

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*The postmodern movement has opened avenues for unique, integrated approaches to therapy. Postmodernism encourages a collaborative effort by the client and therapist in resolving presenting problems. The Mental Research Institute (MRI) reflecting team exemplifies this movement toward eclectic and integrated approaches to therapy, drawing upon the clients' ability to find what will work best as a solution to their problems. This paper illustrates the integration of reflecting teams with MRI therapy.*

It seems that with each passing year, the number of theories in the field of family therapy doubles. With hundreds of approaches in existence today, one would think that the proverbial wheel would eventually be reinvented, once again. While many of the "new" theories are merely spin-offs of earlier theories, a number of them are virtually identical. The only distinguishing factor between these models is the language that they use (Miller, Duncan & Hubble, 1997). But, as theories continue to emerge, many therapists have begun to combine useful aspects of different models (Duncan, Solovey, & Rusk, 1992; Johnson, Waters, Webster, & Goldman, 1997; Lebow, 1997; Simblett, 1997).

The merging of theoretical ideas is due largely to the paradigm shift brought about by postmodern ideas. Postmodernism (Anderson & Goolishian, 1988; Gergen, 1992; Zimmerman & Dickerson, 1994) encourages the use of theories as a temporary lens rather than using a single-theory approach (Anderson & Goolishian, 1988). As Gergen (1992) writes, "The postmodern argument is not against the various schools of therapy, only against their posture of authoritative truth" (p.57). The lack of any definable truth or reality opens the door for therapists to bring the individual realities of the client into therapy and to open space for often ignored perspectives.

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Since this shift began some 20 years ago, theorists and clinicians are making less “truth” claims about their models (McNamee, 1996). They are becoming more open to incorporating other ideas into their practice by using many theoretical approaches rather than a select few.

A study by Garfield and Kurtz (1977) found that one-half of clinicians labeled themselves as “eclectic” and discouraged affiliation with any one school of therapy. More recent studies (Arkowitz, 1997; Newman, Goldfried 1996; Short, Boone, & Hess, 1997) indicate steady growth in the eclectic trend since the 1977 study. As the pendulum continues to swing toward postmodernism, the number of eclectic therapists will inevitably continue to rise.

This paper reflects the continuing movement of that pendulum toward postmodernism. It illustrates the merging of two different approaches, family therapy with reflecting teams and the brief therapy model of the MRI. Through a description of the approaches, a case example, and a discussion, the integration of reflecting teams and MRI therapy will be made.

While at first glance the MRI and reflecting teams approaches may appear to be strange bedfellows, integrating aspects of both approaches can be a beneficial merger. Combining the two can offer new opportunities for clients. A brief introduction to each approach will allow for further discussion of integration.

### MRI THERAPY

The MRI brief therapy model is based on the belief that problems develop from the way normal life difficulties are handled either by the individual or by other involved people. The maintenance and exacerbation of a problem becomes a part of a cyclical process (Wender, 1968) that forms. As Watzlawick, Weakland, & Fisch (1974) explain, “In real life . . . many difficulties do not stay the same for long, but tend to increase and escalate if no solution or a wrong solution is attempted” (p. 34).

The handbooks of MRI brief therapy (i.e., Fisch, Weakland, & Segal, 1982; Watzlawick et al., 1974) spell out the methods of this approach. According to this approach, there are four primary aspects to the model. As Fisch et al. (1982) states,

The therapist’s main aim . . . is to gather adequate information on the elements we see as basic to every case: the nature of the complaint, how the problem is being handled, the client’s minimal goals, and the client’s position and language. (p. 69)

First, defining the problem occurs by answering a question similar to the following: Who is doing what to whom and how is that a problem? Second, as one might guess, the primary method of gathering the attempted solutions to a problem is by asking, “What are some things you have done to try to solve this

problem?” Third, the minimal goals toward change are established when a client describes how he or she will notice that things have gotten better. Fourth, the thoughts, feelings, and values about a problem define the client’s position. These are gained through questions about how the presenting issue constitutes a problem.

After these key areas are addressed, the therapist, or team of therapists, creates an intervention (Fisch et al., 1982). This often takes the form of a task or assignment for the client aimed at breaking the cycle of unsuccessful solution attempts. Fisch et al. (1982) explains that the goal of these interventions “is to influence the client to deal differently with his problem or complaint” (p. 90). By breaking the cycle of unsuccessful solutions, the problem is no longer maintained; thus, it is no longer a problem.

### THE REFLECTING TEAM PROCESS

Interestingly, the reflecting team process developed, in part, due to the writings and research that emerged from the MRI in Palo Alto, California in the mid-1970s (Andersen, 1991). It was not until the mid 1980s, though, that the practice of reflecting teams became prominent in the field of family therapy.

It is important here to acknowledge that there are many different forms and styles that can constitute a reflecting team (e.g., Andersen, 1987, 1991; Friedman, 1995; White, 1995). Although what follows is a basic explanation of reflecting teams, it will suffice for the present discussion.

The reflecting team method of therapy involves a team of therapists working together with the client. One therapist from the team interviews the client while the rest of the team observes behind a one-way mirror. When the interview has progressed to a point that the team has sufficient understanding of the client’s problem, the two parties trade places. As Andersen (1993) describes,

“The members of the team talk, while the family listens, about what they saw and heard and thought when they listened to the family talk. Then the family members are invited to talk about what they were thinking when they listened to the team talk.” (p. 306)

After the team’s reflections, the parties trade back to their original places. The interviewing therapist and client proceed by discussing what the client heard from the team discussion that impacted him or her.

The “reflections” offered by the team are not a Rogerian restating (Rogers, 1977) or a mirroring back to the client what he or she said, nor is it offering suggestions or interventions for the client to try. Rather, the discussion focuses on questions and curiosities that each team member developed while listening to the conversation between the interviewing therapist and the client. As the definition implies, reflecting is a deeper process.

The term “reflecting” derived from the French meaning of the word. As opposed to the English understanding of reflection, similar to replication, the French *réflexion* means that something heard is internalized and thought about before a response is given (Andersen, 1991). The reflections offered by the therapists in this process hold true to this definition. They are unique and derived directly from the content given by each client (Hoffman, 1992).

The reflecting team offers clients many opportunities to revise, rethink, or reinterpret his or her problem rather than offering a single intervention. The difficulty of a team of therapists coming up with one intervention, as the traditional MRI approach (Fisch et al., 1982; Watzlawick et al., 1974), Milan family therapy (Boscolo, Cecchin, Hoffman, & Penn, 1987), and Solution-Focused Family Therapy (de Shazer, 1985, 1991) inspired Andersen (1991) to let the team discuss their thoughts openly in front of the client. This method allowed the client to draw from the team conversation those things that he or she found helpful. In light of postmodernism, the idea of a team construing a single intervention and expecting it to be useful to the client is like making a shot in the dark.

### INTEGRATING MRI THERAPY AND REFLECTING TEAMS

Drawing from Andersen’s (1987, 1991) use of the reflecting team and the MRI’s model of brief therapy (Fisch et al., 1982; Watzlawick et al., 1974) creates a unique approach to draw client strengths and abilities to the forefront. The MRI reflecting team sets the interview in the typical MRI format, as described earlier. After the interview, each team member offers his or her intervention in front of the client. Rather than contriving a single intervention, the team of therapists presents several interventions. As will be illustrated in the case example, the goal of the interventions is to break the problem cycle.

Offering clients many possibilities to choose from allows the him or her to pick one or several that best fits with his or her situation. The following case illustration will further illustrate the MRI reflecting team approach.

### A CASE EXAMPLE: ADOLESCENT AGGRAVATION

The following case example contains excerpts of dialogue from the Spieling family case<sup>1</sup>. The transcription has been edited for the purposes of brevity and to best illustrate the use of the MRI Reflecting Team.

The therapy team consisted of five therapists sitting behind a one-way mirror

All dialogue was transcribed from a videotaped session that occurred at Family Therapy Associates in Fort Lauderdale, Florida. The original names of the family members have been changed in order to insure confidentiality.

and a primary therapist (myself). The first part of the session was conducted in the typical MRI format. A description of the problem was attained, as well as the attempted solutions, clients' goals, and the clients' position relative to the problem. Midway through the session, the team changed places with the couple and me. They implemented the MRI Reflecting Team approach, then changed places once again.

### THE FAMILY AND FIRST SESSION

The Spieling family consisted of the parents, Doug and Judy, and their 13 year-old son Jeremy. Doug and Judy were having considerable difficulties with their son's behavior. His defiance toward them led to many heated arguments, primarily with his father. These arguments often left a wake of broken doors, shattered windows, and frazzled emotions. After several months of attempting to curb the son's behaviors, the parents decided to contact a therapist for help.

Judy and Doug came to therapy without their son. The couple was most eager to inform me of their situation and to express their concern and frustration from months of relentless arguing. The couple explained that over the past several months Jeremy had become increasingly resistant to comply with their demands and had begun to shrug off many of his responsibilities. They added that Jeremy's peer group had changed from several well-behaved and responsible teens to a gang of "delinquents", one of whom had recently been arrested. Doug and Judy said that Jeremy was demanding more freedom while they were demanding more responsibility.

From this discussion, I gained a clear description of the problem as well as their expectations of the team and me. It was apparent that the efforts of each side to gain either freedom or responsibility were the contributing factors that created the problem cycle. The son's effort toward freedom by demanding to be given a later curfew lead to a demand by the parents to be shown responsible behavior. Such opposing actions fed into the turmoil that only maintained and exacerbated the problem. The family had clearly reached an impasse. When asked how they thought the team and I could be helpful, Doug responded, "We want some ideas as to what we can do to stop this nonsense." Judy agreed. This alerted the team and myself to the opportunities that the MRI reflecting team could offer.

Although the Spieling's were at an impasse, they had actually constructed a number of solutions that had begun to move them toward change. As Doug explained, he and Jeremy had created a document spelling out the expectations that he and Judy had for their son. It also entailed what Jeremy would get in return for being responsible. Doug stated that the document was a collaborative effort that engaged Jeremy's interest and involvement. The couple reported that they had some success with the document already but were looking for more

from Jeremy. Judy told the therapist that Doug had made efforts in approaching Jeremy in a calmer manner. Doug agreed and said arguments were less likely to occur when he approached his son in this way. The father continued and explained an unsuccessful attempt at getting his son to take more responsibility. He said that he had cut off Jeremy's access to the Internet, which he confessed "added fuel to the fire." The Spielings stated that their goals were for Jeremy to take more responsibility and show respect toward them. They stated that Jeremy's goal was to have more freedom.

### THE TEAM REFLECTIONS

At this point in the session, the team switched rooms with Judy, Doug, and myself. They implemented the MRI reflecting team. The following is an excerpt from the reflecting team's dialogue.

THERAPIST 1: Well, I am impressed with the level of communication that is present in their relationship and when difficulties with their son do arise, they seem to be communicating great about those. I would say for the time being, to continue what they had been doing with each other and with Jeremy. It seems that they have open communication, which is beneficial and they are already experiencing some change.

THERAPIST 2: Along that line, what was interesting to me was that not only did Doug and Judy communicate well but they gave Jeremy choices. For example, Dad said 'These are your choices.' He made boundaries for Jeremy. 'If you don't do this, then these are the consequences.' So, I was interested if this is something they could continue not only in school, but in other things too. They could notice when he is given choices, and what happens when he is told, 'This is the rule and these are your choices, if this occurs, this is going to happen.' I'm hearing that this is what they are doing and this is what I like.

Therapists 1 and 2 noticed that the couple had already begun to break the problem cycle. This intervention was aimed at making use of the solution attempts that worked. As stated earlier, problems tend to grow if a wrong solution is applied (Watzlawick et al., 1974). Just as problems are maintained by applying wrong solutions repeatedly, a problem can dissolve by applying working solutions repeatedly.

THERAPIST 3: The thought I had was for them to observe Jeremy and notice what already exists in their relationships that they would like to continue to happen between now and the next time they return.

Therapist 3 offers an intervention that will draw the parents attention to exceptions to the problem and allow them to build on the strengths that kept the problem from arising in that particular situation.

THERAPIST 4: Because it seems they have tried a lot of different things, I was wondering if there are things they have thought about trying that they haven't yet tried. If they have ideas that they haven't yet coordinated. I am wondering what those ideas might be and what they think might happen if they utilized those ideas.

This intervention focuses on often-overlooked resources of clients. Solutions that they have considered or that have been suggested by other can be very valuable. These "waiting" solutions can, often times, be the keys to change (Heath and Atkinson, 1989).

THERAPIST 5: Mine sounds a little weird except it is based on the fact that I raised two teenagers and I remember how tired you get when you work and raise children. I picked up on the fact that they take turns sometimes so that the other person gets a rest from dealing with the son. I suggest that they formalize this as an experiment over the next couple of weeks. On even days one of them could be in charge of their son, disciplining, talking to him, and basically being the parent in charge; the good, the bad, and the ugly. And on the odd days the other parent can be in charge, just as an experiment. The other parent can get a rest on those days. It sounds kind of off the wall, but I think it would be kind of interesting.

This odd-even task (Selvini, 1988) is most commonly used for parents whose disagreement about a course of action seems to be preventing resolution of a child problem. Although there was no disagreement between Doug and Judy about how to deal with their issue, Therapist 5 found this task useful in perpetuating the change that had already begun to occur.

### **THE FAMILY'S RESPONSE**

Throughout the reflecting team, Doug and Judy both sat transfixed listening to the team conversation, scribbling notes, and discussing the ideas between themselves. Doug even called into the room at one point to correct one of the therapist's misunderstandings of an incident that had occurred.

After the reflecting team, the Spielings and I re-entered the therapy room. They immediately began to explain the thoughts and ideas that were provoked during the reflecting team's discussion. The first idea that Judy had was to reinstate one night a week that she and Jeremy could spend time together. They

had spent time together the previous week, which, as Judy stated, had made a positive impact on the rest of the week. She also discussed checking into a private school for Jeremy. This was an idea that she had thought about but had not yet pursued.

Next, Doug read from his notes three ideas that had occurred to him during the reflecting team. First, he explained that he and Judy needed to become clear about their expectations for Jeremy. Second, he said that they needed to “bring down the consequences” on Jeremy when he did not maintain his responsibilities. Doug explained that he and Judy had become lax about applying consequences to Jeremy when he did not maintain his responsibilities. Third, Doug stated that he and Judy needed to be consistent with their expectations and with the lines that they drew for Jeremy.

The Spieling family returned to the clinic two weeks later and reported that several changes had occurred. First, Doug and Judy stated that they were able to approach Jeremy in a unified manner, or as Judy described, “as a team.” Second, they stated that Jeremy’s attitude was much improved. He was more communicative, affectionate, and less reactive to discussions regarding school, friends, and household chores. Third, Doug and Judy were all less reactive to potential problem-prone situations. They summed up the two weeks by stating that they saw Jeremy being more responsible. Conversely, Doug and Judy were more lenient with Jeremy. The problem cycle that had initially brought the Spielings into therapy was broken. The remainder of the session was spent discussing the various ways the family could continue the progress that they had already made. Judy and Doug did not feel the need to reschedule any further appointments.

Although this approach can be useful in many cases, it is certainly not appropriate for all. The team and I were confident in using the MRI reflecting team with the Spielings due to their direct request for ideas and suggestions. This family had a clear understanding of what would be helpful to their situation and our postmodern stance allowed the family to be co-creators of the therapy process. Since therapeutic realities are co-constructed (Anderson & Goolishian, 1988), it is essential that clients’ voices are profound in guiding the therapeutic process. Honoring the clients’ voices first was clearly a key factor of success in this case.

## SUMMARY

The postmodernism movement over the past decades has broadened the scope of therapy to allow for more eclectic approaches. Different theories are now drawn upon to create new approaches that fit each client’s unique situation. The plethora of theories in the family therapy world offers many useful tools for therapists. Yet, adherence to a single theory can limit the possibilities for change



and ignore clients' competencies regarding their lives, their problems, and their social realities. As stated earlier, the "posture of authoritative truth" (Gergen, 1992) found in many models of therapy can miss the unique realities of each client.

As the field of family therapy continues to change and evolve, therapists must also change and evolve like the family systems we work with. The arena of therapy is an opportunity to experience this growth. It is a chance to expand and enhance our theories. More importantly, it is a chance to find more useful ways of working with and thinking about families. This paper has illustrated one of the many ways drawing from different theories can be useful. Merging the reflecting team process with the MRI model is but one example of the evolving ideas in family therapy.

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